COPY OF PAPERS **ORIGINALLY FILED** 

Please type a plus sign (+) inside this box +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Application Numb r	10/090,550
Filing Date	March 4, 2002
First Named Inventor	Baiju Shah
Group Art Unit	216†
Examiner Name	na
Attorney Docket Number	33836000019

Total Number of	or Pages in This Submiss	Sion Attorney	Docket Numbe	
		ENCLOSURE	S (check	all that apply)
	claration(s)  Request  ment Request  ure Statement  iority  g Parts/	Assignment Papers (for an Application) Drawing(s) Licensing-related P Petition Petition to Convert Provisional Applica Power of Attorney, Change of Corresp Address Terminal Disclaime Request for Refund CD, Number of CD Remarks	apers to a tion Revocation ondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): -Return Postcard -Copy of reference  RECEIVED JUN 2 0 2002 Technology Center 216
	SIGNATUR	RE OF APPLICANT, AT	TORNEY, OR	AGENT
Firm or Individual name Signature Date	Christopher P. M.	Ioreno, Reg. No. 38		RECFIVED  JUN 2 1 2002  GROUD 200
	0/10/			35. door
I hereby certify that this commail in an envelope address			ates Postal Sen	vice with sufficient postage as first class date:  June 10, 2002
Typed or printed name	Christine A.	Wright		
Signature	Mustu			
Burden Hour Statement: This for	m is astimated to take 0.2 h	nours to complete. Time will y	ani baanah vad	on the needs of the individual case. Any comments



PTO/SB/08B (10-01)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO INFORMATION DISCLOSURE

RADEMARY

STATEMENT BY APPLICANT

(use as many sheets as necessary) of 1 Sheet

C mplete if Known					
Applicati n Number	10/090.550				
Filing Date	March 4 2002				
First Named Inventor	Baiiu Shah				
Group Art Unit	2161				
Examiner Name	na				
Attorney Docket Number	33836000019				

PTO/SB/08B (10-01)

Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the arti- item (book, magazine, journal, serial, symposium, catalog, etc.) number(s), publisher, city and/or country wher	), date, page(s).	opriate), title of the , volume-issue	Т2
·		MCKIERNAN, Peter; Gearing Up For "HailStorm"; slide present	tation.		
					* =
in part trong paying and inc. of		and the second of the second o	<u></u>	na lan annariga pigan kamarar lana (1914 di kingarapinan balind	
		The same of the sa	••••	and produce control to receive the control of the c	
radiqual acrass, to coper to a time.				numa (plantan de dese e e e e e e e	
rin. da - sa sar h'amhraidhis - s		. And the second of the second		y let any ambient ( )	
### - # ## ++4		was well as the second of the		e en un comme	
* <b>4*</b> · *				••••	,
				RECEIV	1
				JUN 2 1	
				GROUP	30

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>1</sup> Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.